

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>FCL011311</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>06/10/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>SERENITY HEART FAMILY CARE HOMES # 23'</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>231 COUNTRY TIME CIRCLE LEICESTER, NC 28748</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments  Report by Glenn Hoppin  DHSR Construction Section conducted a Complaint Survey on June 10, 2015 at the above referenced facility from 2:00 PM until 3:00PM. DHSR records indicate the home was first licensed on December 16, 1996 as a Family Care Home for six Residents with no more than three who are non-ambulatory (un-able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: the 1992 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, and the 1996 North Carolina State Building Code - Section 419.3 - Small Residential Care Facilities.  At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 120	Location-Safe, Accessible  SECTION .0300 - THE BUILDING 10A NCAC 13G .0303 LOCATION (c) The site of the home shall: (1) be accessible by streets, roads and highways and be maintained for motor vehicles and emergency vehicle access; (2) be accessible to fire fighting and other emergency services; (3) have a water supply, sewage disposal system, garbage disposal system and trash disposal system approved by the local health department having jurisdiction;	C 120		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 120	Continued From page 1  (4) meet all local ordinances; and (5) be free from exposure to pollutants known to the applicant or licensee.  This Rule is not met as evidenced by: 1.) The buncombe county fire marshal reported that a first responder for a medical call was delayed due to the road being blocked by a vehicle. The owner of the vehicle was a staff member and got into a verbal altercation with the first responder when the staff member was asked to relocate the vehicle. Consult with the Buncombe county Fire Marshals office and take whatever action that the Buncombe County Fires Marshall deems necessary to prevent this from occurring again. Provide the DHSR Construction Section with documentation verifying compliance with all the Buncombe County Fire Marshals Directives.	C 120		